

Name: _____ DOB: _____ Gender: M / F
Address: _____
Home/Cell# _____
Race: _____ Ethnicity: _____ # of people living in the home: _____ Veteran: Yes/No

Health Conditions: _____
Services Requested: _____

Smoker? Yes/No _____ Pets: Yes/ No _____ Pest Issues? Yes/ No _____

Total Monthly Income: \$ _____ Sources of Income: _____
Does client have a live-in or specified caregiver? Yes/ No If yes, Name: _____
Current Supports/ Services (Family, Transportation, MOW, Lifeline, Day Program, Other Agencies):

Referred By (Agency, Service link, Family, Friend, Other): _____

*** Individual Details**

Primary Language: _____ Interpreter Needed: Yes/No Guardian of Self: Yes/No Marital Status: _____
Mobility (Uses Cane/Walker): _____ Assistive Devices: _____
Living Arrangement/Others in the Home: _____
REFERRAL TAKEN BY: _____ LOCATION: CRO MRO NRO
ASSESSMENTS NEEDED: HOMEMAKING / PCSP / LNA / NURSING PRIORITY: HIGH (APS/AT RISK) MED (NO SUPPORT) LOW

Funding Sources and Limits (as of 1/1/25)

Title XX – Men/Women, Monthly Income is under \$1,600.20 (Hillsborough and Merrimack County)
Title III B – Men/Women 60+, Monthly Income is over \$1,600.20 but less than \$2,600 (Hillsborough and Merrimack County)
Pearl Manor – Men 60+, Over Income Limits of \$2,600 monthly (Manchester, Bedford, Goffstown, Litchfield, N. Boston, Allenstown, Dunbarton, Candia, Auburn, Derrfield)
Mary Gale – Single Women Only, Lives Alone, 65+ Over Income Limits of \$2,600 monthly (Manchester, Hooksett, Auburn, Londonderry, Candia, Salem, Windham, Derry)
CFI - Older Adults w/ disabilities who have Medicaid. (Hillsborough and Merrimack County) Medicaid # _____
Private Pay – Older Adults & Adults' W/Disabilities Who Do Not Qualify for Any Other Funding or total Monthly Income is over \$2,600